U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 56/2

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Daniel R Walbrun	Name Midwestern Council of Industrial Workers			
	Labor Organization File Number 542-654			
P.O. Box, Bldg., Room No., if any Suite 103	P.O. Box, Building and Room Number, if any Suite 103			
Street 404 N. Main Street	Street 404 N. Main Street			
City Oshkosh	City Oshkosh			
State Wisconsin ZIP Code + 4 54901-4953	State Wisconsin ZIP Code + 4 54901-4953			
5. Position in labor organization. Executive Secretary Treasurer				
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the			
Signed A Dallan	On 8/3/2005 920 426-2700			
	Date Telephone Number			
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Name of Person Filing Daniel Walbrun	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Wisconsin Carpenters Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 4002 Street City Eau Claire State Wisconsin ZIP Code + 4 54702	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. Attendance at quarterly Trustee meetings and educational seminar such as the International Foundation Conference. (see attached sheet)		
P.O. Box, Bldg., Room No., if any			
Street			
	11.b. Approximate dollar value of such dealing. \$2,908		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Daniel Walbrun	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Turner Investment Partners	a. Labor Organization		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1359 Gaylord Street	c. Employer		
City Denver			
State Colorado ZIP Code + 4 80206			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Wisconsin Carpenters Fringe Benefit Funds	Attended dinner with spouse hosted by investment manager on 12-01-04.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. Box 4002			
Street			
City Eau Claire			
State Wisconsin ZIP Code + 4 54702	11.b. Approximate dollar value of such dealing. \$180		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Name of Person Filing Daniel Walbrun	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Weiss Peck & Greer Investments	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 909 Third Avenue	c. Employer		
City New York			
State New York ZIP Code + 4 10022			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Wisconsin Carpenter Pension Fund	Attended pre-conference brunch with spouse on 12-01-02, spouse and I attended seperate lunches		
Trade Name, if any:	hosted by investment manager on 12-02-05 and 12-03-05		
P.O. Box, Bldg., Room No., if any P.O. Box 4002			
Street 909 Third Avenue			
City Eau Claire			
State Wisconsin ZIP Code + 4 54702	11.b. Approximate dollar value of such dealing. \$368		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Name of Person Filing Daniel Walbrun	File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Alliance Bernstien Institutional Investment	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1345 Avenue of the Americas	c. Employer		
City New York			
State New York ZIP Code + 4 10105-0096			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Wisconsin Carpenters Pension Fund	Attended reception with spouse hosted by investment manager on 12-02-04		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. Box 4002			
Street			
City Eau Claire			
State Wisconsin ZIP Code + 4 54702	11.b. Approximate dollar value of such dealing. \$250		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Daniel Walbrun

Attachment to page 2 for Line 11.a.

Wisconsin Carpenters Pension Fund

	December 4, 2004	October 28, 2004	April 15, 2004	DATE
TOTAL	International Foundation Conference, New Orleans	Quarterly Trust Meeting	Quarterly Trust Meeting	PURPOSE
\$2,907.74	\$2,480.18	\$154.31	\$273.25	PAYMENTS MADE TO/FOR ME
	Hotel, airfare, cabs, registration & meals	Mileage, hotel, meal	Mileage, hotel, meal	DESCRIPTION